MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WIT RM PTO-875) 107507486 APPLICANT(S)

FILING DATE

CLAIMS

Į	AS FILED		AFTER 1 1 AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER L'AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEF
1 2							51						
3							52						
4				/,			53						
5				-/-		 	54						
6				/			<u>55</u> 56						
7			7				57						<u> </u>
8				7			58						
9				7			59						
10				7			60						
11			7				61		_				
12				7			62						-
13				7			63		•				
14				7			64						
15							65						·
16							66						
17							67				· ·		
18							68						
19				/_			69				-		
20			·				70						
21							71						
22							72						
23							73						
24							74						
25							75						
26				-/-			76						
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30							80						
31 .				/			81					-	
32				7			82				g		
33				1			83						
34							84						
35							85					· · ·	-
36							86						
37							87						
38							88						
39.							89	1					
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41							91						
42							92						
43						i	93						
44							94		<u>_</u>				
45 46							95 96						
47				1,000	-		90		F-2 22 1		-		
48							98					13	
49					•		99						
50						•	100	——					
TAL IND.		1	B	1		1	TOTAL IND.		4		1		1
AL DEP		4	29	4		4	TOTAL DEP		4		4		4
TOTAL CLAIMS			33				TOTAL CLAIMS						